

INVESTMENTS & INCENTIVES

BRIDGING THE FUNDING GAP FOR COORDINATED
HUMANITARIAN-DEVELOPMENT HEALTH INITIATIVES

CORE GROUP GLOBAL HEALTH PRACTITIONER CONFERENCE (2018)



BITTER RIVALS?

US VERSUS THEM

Perception ...

- Different advocacy & agendas
- Traditionally competing priorities
- Misaligned constituencies, messages

Reality ...

- Current context warrants us finding common ground
- Disconnect less productive at point of service delivery
- We're making changes, whether out of responsibility or necessity.

February 27, 2017

The Honorable Michael Enzi
Chairman
Committee on the Budget
U.S. Senate
Washington, D.C. 20510

The Honorable Bernard Sanders
Ranking Member
Committee on the Budget
U.S. Senate
Washington, D.C. 20510

The Honorable Diane Black
Chairman
Committee on the Budget
U.S. House of Representatives
Washington, D.C. 20515

The Honorable John Yarmuth
Ranking Member
Committee on the Budget
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Enzi, Ranking Member Sanders, Chairman Black, and Ranking Member Yarmuth:

As members of the global health community, we write to highlight the tremendous results achieved through U.S. investments in the International Affairs Budget, and stress the critical need to maintain \$60 billion in funding for this powerful function of the U.S. budget.

At less than 1 percent of the Federal Budget, the International Affairs Budget Function, or 150 Account, punches above its weight to deliver tremendous returns for the United States. By investing in development and diplomacy—including support for humanitarian relief, democracy and governance, disaster assistance, agriculture development, and global health—we work to address the root causes of conflict and extremism, build new markets for U.S. goods and services, and provide life-saving humanitarian assistance. Not only do these investments deliver strong returns in building a more stable, prosperous and healthier world, but they also foster strong alliances with partners overseas that build goodwill, promote American values, and protect U.S. national security.

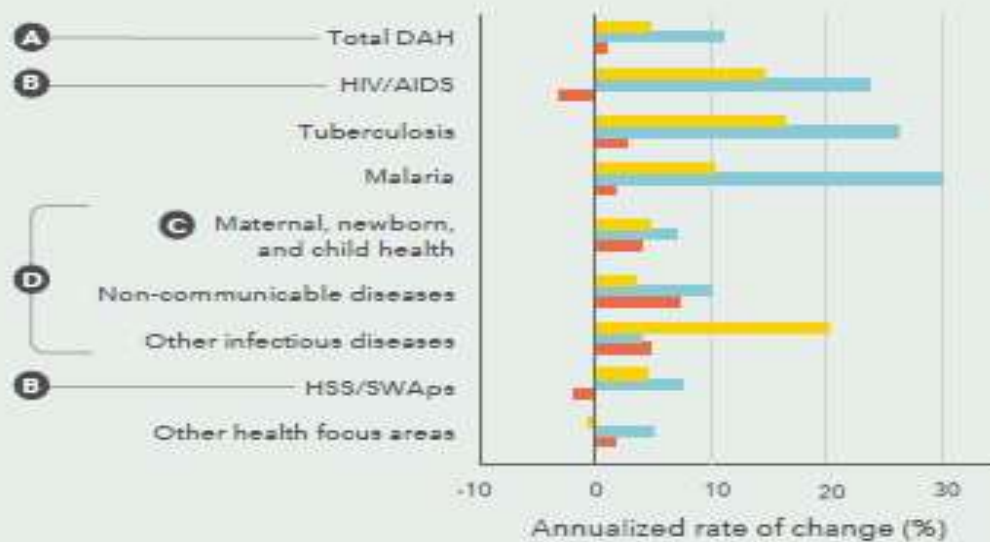
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- **Global health as a prominent and distinct feature of U.S. foreign aid and development.** Global health is multi-faceted and cross-cutting – and one that is not confined to national borders, low economic or humanitarian development status, or emergency operations. For U.S. humanitarian and strategic objectives, it is just as important for global health efforts to address challenges stemming from a natural disaster as it is to target endemic health issues that may prevent a country from achieving growth and stability. It is critical that any redesign or restructuring of U.S. development and diplomacy programs maintains a prominent and distinct place for global health that recognizes and supports the diverse and cross-functional health challenges facing low- and middle-income countries.

“INSUFFICIENT FUNDS”

NEWSFLASH: THE (CURRENT) PIE ISN'T GROWING

DEVELOPMENT ASSISTANCE FOR HEALTH (DAH)

Rate of change in DAH by health focus area, 1990-2017



HSS = Health systems strengthening
SWAs = Sector-wide approaches

1990-2000
2000-2010
2010-2017

In 2017, total DAH was \$37.4 billion

For most health focus areas, the largest annualized percent change was between 2000 and 2010

From 2010 to 2017:


Nearly all health focus areas saw reductions in the growth rate, relative to 2000-2010.


- A** Total DAH growth from 2000 to 2010 was 11.2% annually, while growth from 2010 to 2017 was only 1.0%, a more than 90% reduction.
- B** HIV/AIDS declined 3% annually; Health systems strengthening/SWAs declined 2% annually.
- C** Maternal, newborn, and child health saw the greatest absolute change – a \$2.8 billion increase.
- D** Non-communicable diseases, other infectious diseases, and maternal, newborn, and child health had the largest annualized percent change in DAH from 2010 to 2017 at 7%, 5%, and 4%, respectively.


IN FACT...

Countries Likely to Face Simultaneous Transition in the Next 5 Years

This table lists the 24 countries our analysis indicated are likely to transition from at least two of the four financing mechanisms represented here in the next five years; for more information on specific country designations please refer to the Methodology Annex.

 Eligible for funding, not yet transitioning

 Projected to begin transitioning; In early stages of transition

 Transition already underway or close to completion

Country	Region	Gavi Transition Status (2017)	Global Fund Transition Status	IDA Transition Status	GPEI
ANGOLA	Africa	PHASE 2	ELIGIBLE*	not eligible	PRIORITY
ARMENIA	Europe and Central Asia	PHASE 2	ELIGIBLE	not eligible	not eligible
BOLIVIA	Latin America and Caribbean	PHASE 2	ELIGIBLE	CURRENTLY TRANSITIONING	not eligible
CAMEROON	Africa	PHASE 1	ELIGIBLE	BLENDED FINANCING	PRIORITY
CONGO, REPUBLIC OF	Africa	PHASE 2	ELIGIBLE	BLENDED FINANCING	BY 2020
COTE D'IVOIRE	Africa	PHASE 1	ELIGIBLE	ELIGIBLE	BY 2020
CUBA	Latin America and Caribbean	PHASE 2	CURRENTLY TRANSITIONING	not eligible	not eligible

MORE CHANGES ON THE HORIZON

INDIA	South Asia	PHASE 2	ELIGIBLE	CURRENTLY TRANSITIONING	PRIORITY
INDONESIA	South Asia	PHASE 3	ELIGIBLE	not eligible	PRIORITY
KENYA	Africa	PHASE 1	ELIGIBLE	BLENDED FINANCING	BY 2020
LAOS	East Asia	PHASE 2	ELIGIBLE	ELIGIBLE	BY 2020
MOLDOVA	Europe and Central Asia	PHASE 3	ELIGIBLE	BLENDED FINANCING	not eligible
MONGOLIA	East Asia	PHASE 3	ELIGIBLE*	BLENDED FINANCING	not eligible
MYANMAR	East Asia	PHASE 1	ELIGIBLE	ELIGIBLE	PRIORITY
NIGERIA	Africa	PHASE 2	ELIGIBLE	BLENDED FINANCING	PRIORITY

WATCH THIS SPACE!

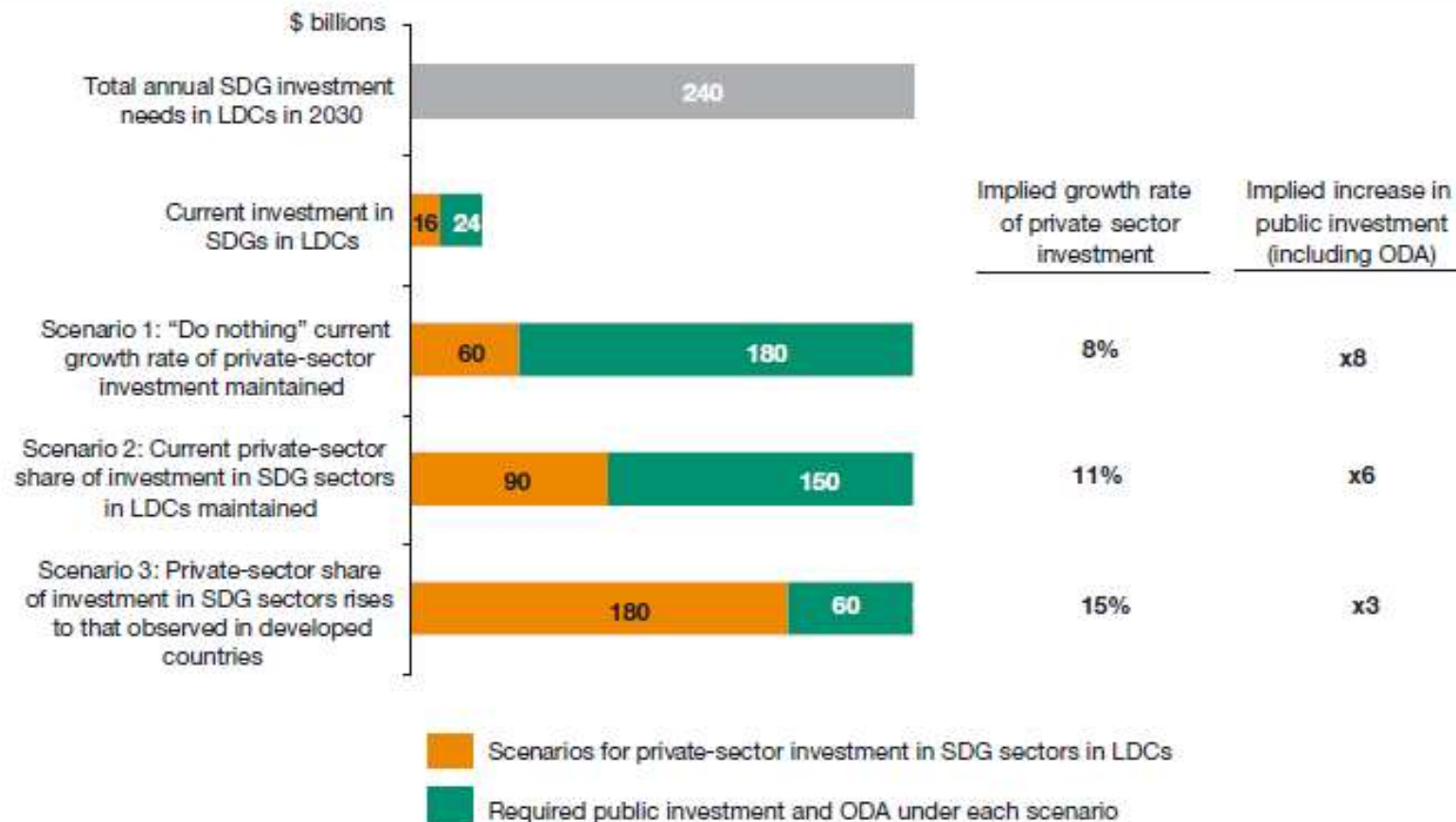
Country	Region	Gavi Transition Status (2017)	Global Fund Transition Status	IDA Transition Status	GPEI
PAKISTAN	South Asia	PHASE 1	ELIGIBLE	BLENDED FINANCING	PRIORITY
PAPAU NEW GUINEA	East Asia	PHASE 2	ELIGIBLE	BLENDED FINANCING	not eligible
SRI LANKA	South Asia	PHASE 3	CURRENTLY TRANSITIONING	CURRENTLY TRANSITIONING	not eligible
SUDAN	Africa	PHASE 1	ELIGIBLE *	Inactive country: no active IDA financing due to protracted non-accrual status.	PRIORITY
TIMOR LESTE	East Asia	PHASE 2	ELIGIBLE *	BLENDED FINANCING	not eligible
UKRAINE	Europe	PHASE 3	ELIGIBLE	not eligible	BY 2020
UZBEKISTAN	Europe and Central Asia	PHASE 2	ELIGIBLE *	BLENDED FINANCING	not eligible
VIETNAM	East Asia	PHASE 2	ELIGIBLE	CURRENTLY TRANSITIONING	not eligible
YEMEN	Middle East	PHASE 1	ELIGIBLE *	ELIGIBLE	BY 2020

ARE WE DEPRESSED YET?

\$4 trillion minus \$1.5 trillion
leaves **\$2.5 trillion** **SDG** gap

BILLIONS TO TRILLIONS

Figure IV.5. Private sector SDG investment scenarios in LDCs



Source: UNCTAD estimates, based on table IV.2 and figure IV.3.

NEW RULES

MAKING THE CASE



- **Highlight data & trends.**
- **Leverage Global Goals.**
- **Answer: WHO pays, HOW MUCH, for WHAT purpose?**
(Basically, repeat whatever David, Hafeez, or Takahiro said.)
- **And don't forget the WHY – for newcomers and skeptics alike!**
- **Embrace the continuum... → “journey to self-reliance”**

CHARITY BEGINS AT HOME

- 3 steps to showing up:
 - Be there for each other.
 - Foster support & trust.
 - Practice makes perfect.
- Other tips:
 - What's in it for WE?
 - Commit. Be accountable.
 - Manage up!

IF YOU REMEMBER NOTHING ELSE:

BUSINESS AS USUAL IS NO LONGER AN OPTION

